

100% 2/18/01  
ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
O.I.P.E. CLASSIFIER		48	1/19/01
FORMALITY REVIEW	T	913	02/02/01
RESPONSE FORMALITY REVIEW	H	676	05/01/01
	A	88	6/2/01

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	Original
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Claim	Date
Final	Original
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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